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\*\* FOREIGN APPLICATIONS \*\*\*\*\* *RK*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>N/A</i>	STATE OR COUNTRY AUSTRIA	SHEETS DRAWING 5	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Allowance <i>Rosanne Koon</i> 7/14/05 Examiner's Signature Initials				

ADDRESS

Baxter Healthcare Corporation  
 P.O. Box 15210  
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 92623-5210

TITLE

Kit for measuring the thrombin generation in a sample of a patient's blood or plasma

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